



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3939

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/517,626    | 07/28/2005<br>RULE    | 514   | 1614           | SNI-003US           |

**APPLICANTS**  
 Gian Luca Araldi, Plymouth, MA;  
 Adulla P. Reddy, Walpole, MA;  
 Zhong Zhao, Wayland, MA;  
 Sean D. McKenna, Duxbury, MA;  
 Bagna Bao, Sharon, MA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US03/18202 06/09/2003  
 which claims benefit of 60/387,340 06/10/2002  
 and claims benefit of 60/451,804 03/03/2003 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|                                                                                          |                                                                                                                                                                                                                |                        |                     |                    |                         |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature _____ Initials _____ | STATE OR COUNTRY<br>MA | SHEETS DRAWING<br>3 | TOTAL CLAIMS<br>58 | INDEPENDENT CLAIMS<br>2 |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|--------------------|-------------------------|

**ADDRESS**  
00959

**TITLE**  
Gamma lactams as prostaglandin agonists and use thereof

|                             |                                                                                                                   |                                                                |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| FILING FEE RECEIVED<br>3180 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                             |                                                                                                                   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                             |                                                                                                                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                             |                                                                                                                   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                             |                                                                                                                   | <input type="checkbox"/> Other _____                           |
|                             |                                                                                                                   | <input type="checkbox"/> Credit                                |